

PD

Oregon Department of Agriculture
Pesticides Program
(503) 986-4635

Form date 12/09



Oregon
Department
of Agriculture

Pesticide Dealer (PD) Application Form - Please Print Clearly

License #
AG-L PD

Business
Company Name _____
Owner's Name Last, First, M.I. _____

Mailing
Address _____
City, State, Zip _____

Physical
Address _____
City, State, Zip _____

Applicant
Office Phone _____ Cell Phone _____
Email _____

Contact
Office Phone _____ Fax _____
Email _____

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.

License Fee
Total due: \$75.00

Applicant Signature _____

Date (M/D/Y) ____ / ____ / ____

Do not detach

For Checks or Money Orders, mail to:
Oregon Department of Agriculture
PO Box 4395 Unit 17
Portland, OR 97208-4395

For Credit Card Charges, complete below and mail or fax to:
Oregon Department of Agriculture
635 Capitol St. NE
Salem, OR 97301-2532

Secure Fax: (503) 986-4746

Visa or MasterCard Accepted

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your registration.

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax #: _____

Signature: _____ Date: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ Expiration Date: _____ / _____